of each in ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No. STANDARD CERTIFICATE OF BIRTH number District or Township (If birty occupation a hospital or institution, give its NAME instead of street and number) If child is not yet named, make 2. Full name of child supplemental report, as directed. 3. Sex of Child To be waswered ONLY 4. Twin, triplet or other. 6. Legitimate? 7. Date in event of plural of birth. births. 5. No., in order of birth .. Month Day Year 14. MOTHER Full name Full maiden name 15. Residence 9. Residence (Usual place A short) (Usual place of abode) and state. If non-resident, give place and state If non-resident, give place 16. Color or race 10. Color or race 11. Age at last birthday... (Years) 17. Age at last birthday... 12. Birthplace (city or place 18. Birthplace (city or state) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry Nature of industry (a) Born alive and now living ... 21. Were precautions taken against oph-20. Number of children of this mother ... thalmia neonatorum. (b) Born alive but now dead. (Taken as of time of birth of child herein (c) Stillborn. certified and including this child). . . CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who wa m. on the date above stated. (Born alive or sti * When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician - militaile). Given name added from Addres a supplemental report... Month, day, Registrar. Registrar.

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